

City of Arlington Open Enrollment Meeting

November 2016



Welcome

- ✓ Why we're here
- ✓ Step 1: Learn about your choices
- ✓ Step 2: Consider your choices
- ✓ Step 3: Enroll in a plan
- ✓ Resources
- ✓ Questions?

Why UnitedHealthcare

- ✓ **Meaningful choice** – We connect you to Medicare plans, programs and resources that meet a variety of needs and interests.
- ✓ **Experience** – Helping Medicare beneficiaries for more than 30 years means we have experience serving members and beneficiaries
- ✓ **National access** – Helping you get access to care and products in all 50 states, with most plans available nationally
- ✓ **Trusted source** – We're dedicated to making the health care system easier to use and we work with a variety of providers and retailers

Do I need to enroll or re-enroll?

If you are already enrolled in a AARP Medicare Supplement plan, RX plan or HMO plan and do not want to make any changes, **no** you do not need to re-enroll.

If you are enrolled in a plan and want to make a plan change (to a different AARP Med Supp plan, RX plan or move to the HMO plan) then **yes**, you will need to re-enroll.

If you are turning 65 in the next three months, then **yes**, you will need to enroll.

Call 1-877-791-9964, TTY 711
8:00 am to 8:00 pm, 7 days a week



Step 1: Learn about your options



How Your Subsidy Works

What is a Subsidy:

City of Arlington will continue to contribute towards the cost of your health care coverage.

This is done through a subsidy that will help pay the monthly plan premium(s) for the coverage you select.

Account Value:

The amount of your subsidy will be determined by the City of Arlington based upon years of service.

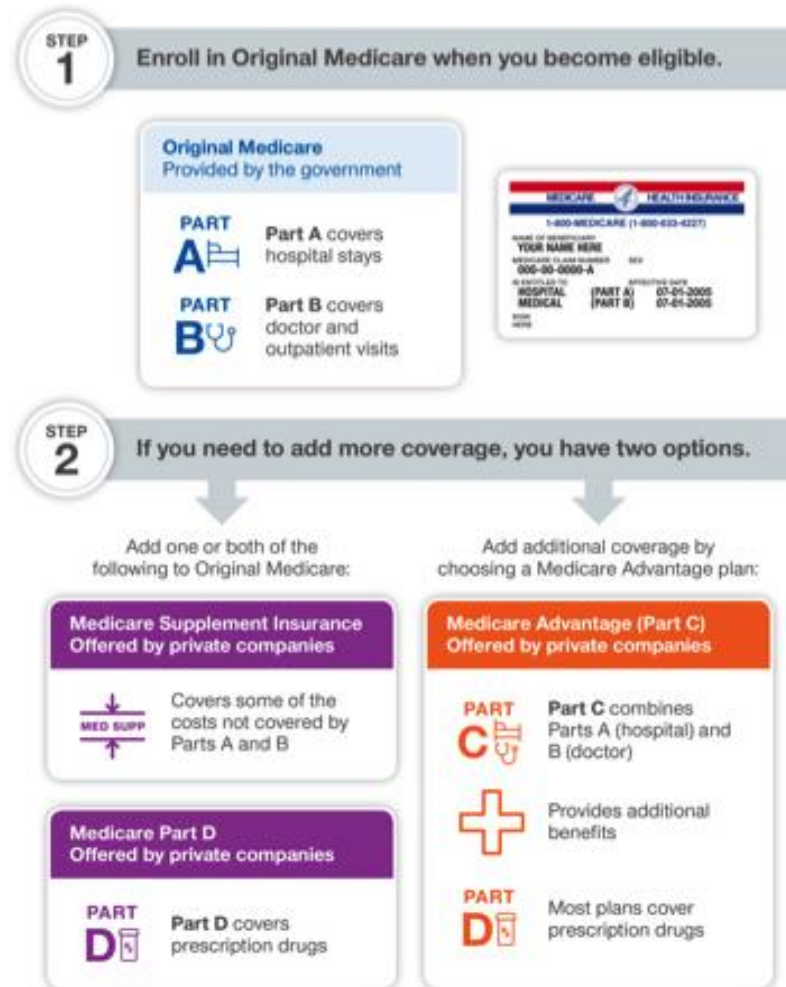
It is important to note that you will not receive premium refunds. If your premium is more than the subsidy amount, you will be billed directly for the remaining balance.

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Medicare



The ABCs of Medicare



You must first be enrolled in Medicare Parts A and B to enroll in a Medicare Advantage or Medicare Supplement plan.

Medicare Supplement Insurance Plans



Why Choose a Standardized Medicare Supplement Insurance Plan?

Budgeting

- Helps you limit the out-of-pocket costs that Medicare Parts A and B don't pay, such as deductibles and co-insurance amounts.

Convenience

- Plans offer the freedom to go to any hospital or physician accepting Medicare patients.
- No referral needed to see specialists.
- Range of coverage options to best suit your health care needs.
- Virtually no claim forms for you to file.
- A 30-day "free look" period for you to decide if you want to keep the plan.*

*Any premium that is paid for coverage that is cancelled within 30 days after receipt will be refunded, less any amount paid for claims.

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

This insurance sales presentation is for retirees of the City of Arlington residing in Texas.

Why Choose a Standardized Medicare Supplement Insurance Plan? continued

Flexibility

- Coverage goes with you when you move or travel anywhere in the U.S.
- You have foreign travel coverage for emergency services (with some plans).*
- Coverage is guaranteed to continue as long as you pay your premium when due.**

*Care needed immediately because of an injury or an illness of sudden and unexpected onset, beginning during the first 60 days of each trip outside the United States. Benefit is 80% and beneficiaries are responsible for 20% after the \$250 annual deductible with a \$50,000 lifetime maximum.

**And you have made no material misrepresentation on your enrollment application. Rates are subject to change. Any change will apply to all members of the same class insured under your plan who reside in your state.

The Advantages of an AARP® Medicare Supplement Insurance Plan



Stability

- Annual rate increases have been 2.9% on average between 2011 and 2015, while varying by specific plan, state and year.*
- The only Medicare supplement plans that offer plans in all states.

Service

- 9 out of 10 plan holders surveyed would recommend their plan to a friend or family member.**
- Knowledgeable licensed insurance agents/producers are available to assist you.

Experience

- Trusted by more than 4 million members.*
- Backed by the experience and expertise of UnitedHealthcare Insurance Company.
- You benefit from exclusive member services – at no additional cost to you.***

*From a report prepared for UnitedHealthcare Insurance Company by ORC International, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Plans," August 2015, www.uhcmembersstats.com or call 1-800-523-5800 to request a copy of the full report.

**From a report prepared for UnitedHealthcare Insurance Company by GfK Custom Research NA, "Medicare Supplement Plan Satisfaction Posted Questionnaire," 8/24/15, www.uhcmembersstats.com. Call 1-800-523-5800 to request a copy of the full report.

***These are additional insured member services, are not a part of the AARP Medicare Supplement Plan benefits, are not insurance programs, are subject to geographical availability, and may be discontinued at any time.

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AARP Medicare Supplement Plan Options

MEDICARE SUPPLEMENT PLANS	A	B	C	F	K	L	N
Medicare Part A	✓	✓	✓	✓	✓	✓	✓
Co-insurance and Hospital Benefits	✓	✓	✓	✓	✓	✓	✓
Medicare Part A Deductible	—	✓	✓	✓	50%	75%	✓
Medicare Part B Co-insurance or Co-payment	✓	✓	✓	✓	50%	75%	Co-pay ¹
Medicare Part B Deductible	—	—	✓	✓	—	—	—
Medicare Part B Excess Charges*	—	—	—	✓	—	—	—
Blood (First Three Pints)	✓	✓	✓	✓	50%	75%	✓
Foreign Travel Emergency (up to plan limit) ²	—	—	80%	80%	—	—	80%
Hospice Care Co-insurance or Co-payment / Respite Care Expenses	✓	✓	✓	✓	50%	75%	✓
Skilled Nursing Facility Co-insurance	—	—	✓	✓	50%	75%	✓
2016 out-of-pocket limit (plans K and L only) ³					\$4,960	\$2,480	

¹Plan pays Part B co-insurance or co-payment except for an insured co-pay of up to \$20 for each doctor's office visit and up to \$50 for each emergency room visit (emergency room co-pay waived if admitted as inpatient).

²Foreign Emergency Care pays 80% after the \$250 deductible, with a lifetime maximum of \$50,000. Benefits are defined as medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S..

³The plan pays 100 percent of covered services for the rest of the calendar year once beneficiaries have paid the out-of-pocket annual limit and annual Part B deductible (\$166 in 2016).

*Not to exceed 15% over the Medicare approved amount or any other charge limitation established by the Medicare program or state law. Note that the limiting charge applies only to certain services and does not apply to some supplies and durable medical equipment.

Chart reflects 2016 data.

This insurance sales presentation is for retirees of the City of Arlington residing in Texas.

A Medicare Supplement Plan in Action

Susan was hospitalized for several days after a fall left her with a broken hip. She was then released to a skilled nursing facility for 23 days and had two follow-up doctor's appointments as well. Below is what Susan's out-of-pocket expenses could look like with only Medicare Parts A and B, as well as what her expenses could look like with Medicare supplement plans N and F:

DESCRIPTION OF SERVICE	Medicare Parts A and B Only	Medicare Supplement Plan N	Medicare Supplement Plan F
Part A deductible for hospital stay benefit period	\$1,288	\$0	\$0
Part A co-insurance for two days in a skilled nursing facility Days 1-20 are covered by Medicare. Days 21 and 22 would not be covered by Medicare. (2 days @ \$161/day)	\$322	\$0	\$0
Part B deductible (Assumes Susan has not satisfied her Part B deductible for the year)	\$166	\$166	\$0
Part B co-insurance/co-payment (Generally 20% of the Medicare-approved amount)	\$29.40	\$20*	\$0
Total Susan would pay for this medical event	\$1,805.40	\$186	\$0

The situation above is fictitious and for illustrative purposes only.

*Up to \$20 co-pay for office visits and up to \$50 co-pay for ER.

Susan would also need to pay her plan premium as an out-of-pocket cost.

Information in this chart reflects cost and cost-sharing information from 2016.

In this example, the Medicare-approved amount for each doctor visit is \$166 and the doctor accepts Medicare's assignment.

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The Benefits of AARP Membership

You must be an AARP member to enroll in an AARP Medicare Supplement Plan.

- AARP membership provides:
 - ▶ Access to exclusive discounts, such as pharmacy, travel, dining and vision discounts.
 - ▶ A subscription to the award-winning AARP The Magazine and AARP Bulletin.
 - ▶ Important information on health, Medicare, Social Security and much more.
- AARP membership is available to individuals age 50 and older and can include up to two members in one household.



AARP Medicare Supplement Plans Value-added Services*

AARP | Medicare Supplement Plans
insured by UnitedHealthcare
Insurance Company



24-hour Nurse HealthLine

- Speak directly with registered nurses, toll-free, 24 hours a day, 7 days a week.
- Get treatment decision support and prescription and medication information, and have your symptoms reviewed.



SilverSneakers® Fitness Program

- Live healthier with free access to fitness centers and classes. Get a free gym membership at participating locations with amenities like exercise equipment and fitness classes included.

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Medicare Prescription Plans (Part D)



Medicare Prescription Drug Plans (Part D)

- ✓ Medicare Part D is a government program that helps cover the costs of many prescription drugs.
- ✓ Original Medicare Parts A & B do not include prescription drug coverage
- ✓ Medicare Part D plans are available to those eligible for Medicare
- ✓ You can enroll in a Medicare Part D plan through a private insurance company like UnitedHealthcare or other companies contracted with Medicare
- ✓ If you don't join a Medicare Part D plan when you're first eligible, you may have to pay the Medicare late-enrollment penalty if you enroll later. Generally, you'll pay this penalty for as long as you have Medicare prescription drug coverage.

Medicare Prescription Drug Plans (Part D)

Two ways to get covered.

Added on.

A Medicare Part D plan can be added onto Original Medicare, a Medicare Supplement insurance plan or certain Medicare Advantage plan that doesn't include prescription drug coverage.

OR

Included.

Many Medicare Advantage plans include prescription drugs as a part of the standard plan coverage

UnitedHealthcare Prescription Drug Plans (Part D)

Coverage on thousands of brand name and generic drugs

- ✓ **Choice of plans** so you can choose the plan with the right coverage for you
- ✓ **Predictable co-pays as low as \$1** with our Preferred Retail Pharmacy Network¹
- ✓ **\$0 co-pay for 90-day supply of Tier 1 medications (typically preferred generic drugs)** through our Preferred Mail Service Pharmacy²
- ✓ **65,000+ convenient pharmacy locations**

UnitedHealthcare Prescription Drug Plans

(Part D)

Costs

All Medicare Part D plans are set up in drug payment stages. Each stage tells you the amount you pay and the amount your plan pays for covered medications.

Annual deductible

If your plan has a deductible, you pay the total cost of your drugs until you reach the deductible amount set by your plan. Then you move to the initial coverage stage.

Initial Coverage	Coverage Gap	Catastrophic Coverage
You pay co-pay or co-insurance for each covered drug, depending on plan.	You pay 45% of brand name drug prices and no more than 58% generic drug prices.	Your plan will pay for most of the cost of your drugs for the rest of the year.

Total Drug Costs: The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs[, starting January 2015]. This does not include premiums.

Out-of-Pocket Costs: The amount you pay (or others pay on your behalf) for prescription drugs[, starting January 2015]. This does not include premiums.

Two plans that may fit your needs

Most prescription drug plans divide their list of drugs into tiers or levels. Generally, the lower the tier, the lower the cost you pay.

- ✓ If you have a drug in a higher tier, you may want to talk to your doctor to see if a drug in a lower tier will work just as well and save you money.
- ✓ Pay \$0 for a 90-day supply of most generic medications with OptumRx home delivery.

	AARP® MedicareRx Saver Plus (PDP)	AARP® MedicareRx Preferred (PDP)
At a Glance	Lowest premium, plus coverage for most commonly used generic drugs.	Good value with robust drug coverage.
Drug List	Includes most generic drugs covered by Medicare Part D and many commonly used brand-name drugs.	Includes nearly all generic drugs covered by Medicare Part D and most commonly used brand-name drugs.
Annual Deductible	\$400	\$0
Monthly Premium	38.70	\$74.30
Tier 1 Co-pay	\$1	\$3
Tier 2 Co-pay	\$2	\$12
Tier 3 Co-pay	\$28	\$32
Tier 4 Co-pay	30%	40%
Tier 5 Co-insurance	25%	33%
NEW Preferred Pharmacy Network	Co-pays as low as \$1 when you fill your prescription at a preferred retail pharmacy.	Co-pays as low as \$2 when you fill your prescription at a preferred retail pharmacy.
Cost for Tier 1 and 2 medications with OptumRx home delivery	\$0	\$0

Medicare Prescription Plans (Part C)



Medicare Advantage Plans (Part C)

Coverage

Medicare Advantage plans combine coverage for hospital stays with coverage for doctor visits, outpatient care, preventive care and often extra benefits like vision, dental, wellness and hearing exams. Many plans include Part D prescription drug coverage, too. Certain Medicare Advantage plans allow you to add a standalone prescription drug plan.



Medicare Part A

Hospital

Medicare Part B

Doctor and outpatient

Medicare Part D

Prescription drug coverage is included in some plans

Additional Benefits

Vision, hearing, dental and wellness programs are often included

Medicare Advantage Plans (Part C)

Choices and Savings

- ✓ With UnitedHealthcare Medicare Advantage plans, we help connect you to the care you may need. You'll have access to local networks of doctors, hospitals and other health care professionals — all with the convenience of one plan.
- ✓ If your UnitedHealthcare plan includes prescription drug coverage, some programs offer prescriptions as low as \$2³.
- ✓ Change to programs offer lower cost mail-order prescription drug programs that you can get sent right to your mailbox and other programs to help you save.

Costs

- ✓ Plans may have a \$0 or low monthly premium.
- ✓ You must keep paying your Medicare Part B premium, if you have one.
- ✓ You pay for the services you use.
- ✓ All Medicare Advantage plans come with a limit on how much you pay out of pocket for covered medical services.

Medicare Advantage Plans (Part C)

AARP MedicareComplete SecureHorizons (HMO) (using zip code 76010)

Basic In-Network Costs	
Monthly premium (In addition to your Part B premium)	\$72.00
Annual medical deductible	\$0
Primary care doctor office visit	\$0
Specialist office visit	\$20
Prescriptions as low as	\$2 co-pay

UnitedHealthcare® Medicare Advantage PPO Plus \$0 Premium Plan



UnitedHealthcare[®] Medicare Advantage PPO Plus \$0 Premium Plan

All of our plans have:

- ✓ Broad, local network of doctors, clinics and hospitals
- ✓ Help choosing a plan over the phone
- ✓ Convenient 24/7 online access
- ✓ A dedicated Customer Service team to answer your questions

Our premium plans have:

- ✓ \$0 monthly premium
- ✓ Additional benefits
- ✓ Expanded service area
- ✓ Medicare Part D prescription drug coverage

A closer look at Medicare Advantage

Health Maintenance Organization (HMO):

- ✓ Use a network of doctors, hospitals and other health care professionals
- ✓ You must get routine care from one of our many plan providers
 - Typically do not provide coverage outside the contracted service area except for emergencies
 - Urgent care and renal dialysis are available out of network

Point of Service (POS):

- ✓ A type of HMO that allows you to receive certain outside the network, generally at a higher cost]

Preferred Provider Organizations (PPOs):

- ✓ You can go out of network for any covered services, generally at a higher cost
- ✓ Allow you to see a specialist without a referral

Dental and Vision plans



Dental Plans⁴

From dental cleanings to root canals, it can be difficult to predict how much money you're going to spend for your dental care. Our dental plans can provide the coverage you need to help promote good dental health.

Dental Network

Our large network can mean savings

More dentists in our network means you are more likely to keep the same dentist you use today and also have coverage available when traveling. Our network provides access to many dental providers.

Using a non-network dentist?

Our Dental Premier Elite plan offer coverage.*

* Premier Plan benefits based on reasonable and customary charge. Non-network dentists can bill a patient for any remaining amount up to the billed charge.

UnitedHealthOneSM is a brand representing a portfolio of insurance products offered to individuals and families through the UnitedHealthcare family of companies. Golden Rule Insurance Company or UnitedHealthcare Life Insurance Company is the underwriter of these plans.

UnitedHealthcare Life Insurance Company is the underwriter of these plans.

Dental Plans⁴

Benefit Summary**

We offer a variety of dental plans to meet your needs and budget.

Preventive Care – all plans – No waiting periods. No deductibles.

Basic Services – like simple fillings and extractions.

All plans have a \$50 per person, per calendar year deductible (maximum 3 individual deductibles per family, per calendar year).*

Depending on the plan you choose:

- ✓ We pay either 70% or 80%.
- ✓ Waiting periods vary from 4 to 6 months.

Major Services – like root canals and extractions of impacted teeth.

All plans have a \$50 per person, per calendar year deductible (maximum 3 individual deductibles per family, per calendar year).**

Depending on the plan you choose:

- ✓ We pay 50% after a 12 month waiting period.
- ✓ For lower premium, some plans do not cover Major Services.

** Some plans offer a combined \$50 deductible per person for Basic and Major Services.

UnitedHealthcare Life Insurance Company is the underwriter of these plans.



Vision Benefit Rider

Vision coverage is optional and may be added to your dental plan for additional premium. We'll help keep you seeing clearly, so you can focus on more important things.

Vision Network⁵

Our vision network offers care from professionals in private and retail settings across the country. You may use a non-network provider, but you are eligible to receive discounts using network providers.

Benefit Summary

In-network Co-Pay

\$10 Co-pay:

Eye exam – once every 12 months.

Frames – once every 24 months.

Lenses – once every 12 months>.

Contacts instead of glasses – once every 12 months.

Out-of-network Benefits

Up to \$40:

Eye exam – once every 12 months.

Up to \$45:

Frames – once every 24 months

Up to \$80:

Lenses – once every 12 months.

Up to \$105:

Contacts instead of glasses – once every 12 months.

Step 2: Consider your choices



Choosing a plan that's right for you

Ask yourself:

- ✓ How often do you visit your doctor?
- ✓ Do you take prescriptions medications regularly? If so, what ones and their doses?

Would you rather:

- ✓ Pay a lower plan premium and co-pay for your services as you use them or
- ✓ Pay a higher plan premium and have little to no cost for your services
- ✓ Would you change doctors or providers if it meant you could save on your healthcare costs?
- ✓ Do you travel out of state? Out of country?

Choosing a plan that's right for you

We are here for you every step of the way. As a UnitedHealthcare member, you get more than just a health plan.

You also get:

- ✓ A dedicated Licensed Sales Representatives ready to answer any questions you may have
- ✓ Educational materials in the mail throughout the year to help you make the most of your plan
- ✓ Online resources to learn about and compare your plan options:
myuhcplans.com/<employername>

Meet Sara



Sara is 68 years old:

- ✓ Has a chronic condition and frequently visits specialists
- ✓ Takes several prescription drugs
- ✓ Enjoys traveling, especially to visit her family out of state
- ✓ She is financially comfortable

Sara's wish list:

- ✓ Freedom to choose any doctor who accepts Medicare and see a specialist without a referral
- ✓ Help paying for prescription drugs
- ✓ Prefers to pay monthly payments up front, so she can limit her out-of-pocket costs when she receives care

Sara chooses:

- ✓ Medicare Parts A and B
- ✓ A separate Part D prescription drug plan
- ✓ A Medicare supplement insurance plan

Step 3: Enroll in a plan



Do I need to enroll?

If you are enrolled in a AARP Medicare Supplement plan, RX plan or HMO plan and do not want to make any changes, **no** you do **not** need to re-enroll.

If you are enrolled in a plan and want to make a plan change (to a different AARP Med Supp plan, RX plan or move to the HMO plan) then **yes**, you will need to enroll.

If you are turning 65 in the next three months, then **yes**, you will need to enroll.

How to enroll

We're here to help.

All our Licensed Sales Representatives are trained to identify your specific needs and match them to UnitedHealthcare's portfolio of health plan options. Our website provides education on Medicare health plan options.

Before you call:

- ✓ Have your Original Medicare ID card on hand
- ✓ Think about how much you want to spend on your new plan(s)
- ✓ Have your doctors' names and addresses ready
- ✓ Have a list of your prescription drugs
- ✓ Know the date you need to make a decision by to insure you don't have a gap in coverage

How to enroll

1. **Call 1-877-791-9964, TTY 711**
8 a.m. – 8 p.m. local time, 7 days a week

You will be greeted with the message:

Thank you for calling UnitedHealthcare Medicare Solutions.

Identify yourself as a City of Arlington retiree.

2. **Mail in a completed application.**

Once your enrollment is processed, you will receive a Welcome Kit with additional plan details. Your ID card will arrive separately.

In closing

- ① Learn about your options
- ② Consider your choices
- ③ Understand how to enroll
- ④ Your new coverage begins:
 - January 1, 2016
 - The 1st of month in which you turn 65
 - The 1st of the month in which you are retiring

Questions?



**UnitedHealthcare looks
forward to welcoming you
as a member.**



Additional Information

UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA 19044. Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability or End-Stage Renal Disease.

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

This is a solicitation of insurance. A licensed insurance agent/producer may contact you.

Your agent can provide complete information, including benefits, costs, eligibility requirements, exclusions and limitations. Certificates of Insurance numbered MDA0802 / MAA0809 (Plan A), MDB0803 / MAB0810 (Plan B), MDC0804 / MAC0811 (Plan C), MDF0805 / MAF0812 (Plan F), MDK0806 / MAK0813 (Plan K), MDL0807 / MAL0814 (Plan L), MDN0808 / MAN0815 (Plan N), MDSC0816 / MASC0818 (Select Plan C), MDSF0817 / MASF0819 (Select Plan F).

Optum is the provider of Nurse HealthLine. Optum nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. **These services are not an insurance program and may be discontinued at any time.** All decisions about medications, vision care, and health and wellness care are between you and your health care provider.

The services provided by the SilverSneakers program are made available as a courtesy to AARP members insured by UnitedHealthcare Insurance Company (United) **and are not part of insurance coverage and may be discontinued at any time.** AARP and United do not endorse and are not responsible for the services or information provided by this program. Consult a health care professional with questions about your health care needs.

Additional Information

The following Exclusions and Limitations information is for residents of Texas:

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.
- Any period of hospital or skilled nursing facility stay that occurs prior to the effective date. Care or supplies received before your plan's effective date.
- Expenses you incur during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

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Disclaimers

Out-of-network/non-contracted providers are under no obligation to treat Plan/Part D Sponsor members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

You are not required to use OptumRx home delivery for a 90- or 100-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-658-0539. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply.

Materials for MA and MAPD: Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

RRAs are administered by Optum Financial Services and are subject to restrictions. This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on tax treatment and restrictions. Federal and state laws and regulations are subject to change. ©2012 United HealthCare Services, Inc. You must continue to pay your Medicare Part B premium.

Disclaimers cont.

¹ Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Copays apply after deductible.

² You are not required to use OptumRx to obtain a 90-day supply of your maintenance medications, but you may pay more out-of-pocket compared to using OptumRx, your plan's Preferred Mail Service Pharmacy. Prescription orders sent directly to OptumRx from your doctor must have your approval before OptumRx can send your medications. This includes new prescriptions and prescription refills. OptumRx will contact you, by phone, to get your approval. At that time you may also tell OptumRx to automatically fill any future prescriptions they receive directly from your doctor(s) for up to one year. If OptumRx is unable to reach you for approval your prescription will not be sent to you. Refunds may be available for prescriptions you did not approve and did not want. You may request a refund or cancel your approval by calling OptumRx at 1-800-791-7658, (TTY 711), 8 a.m.– 8 p.m. CT, Monday – Friday. New prescriptions should arrive within ten business days from the date the completed order is received by the Mail Service Pharmacy. Completed refill orders should arrive in about seven business days. OptumRx will contact you if there will be an extended delay in the delivery of your medications.

OptumRx is an affiliate of UnitedHealthcare Insurance Company.

³ Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher.

⁴ Plans are underwritten by Golden Rule Insurance Company and administered by Dental Benefit Providers, Inc. Availability varies by state.

⁵ As of 12/2012, Dental Benefit Providers Inc. and Spectera, Inc.'s Network availability may vary by state, and a specific dental care and/or vision care provider's contract status can change at any time. Therefore, before you receive care, it is recommended that you verify with the dental or vision care provider that he or she is still contracted with the network.

⁶ You will receive a \$130 retail frame allowance towards the purchase of any frame at an in-network provider.

⁷ Contacts chosen from the Covered Contact Lens Selection at a Preferred Provider. Non-Selection lenses will receive an allowance. No co-pay for non-selection Contact Lenses. For costs, benefits, exclusions, limitations, eligibility and renewal terms, contact 1-800-444-8990. Policy form number SA-S-1384 and state variations. Optional benefits require additional premium.

⁸ Savings compared to Network Retail Pharmacy and apply during the initial coverage period, which begins after the payment of your required deductible (if any) and ends when the total cost of your drugs (paid by UnitedHealthcare, you and others) reaches \$2,960.